

CERTIFICATION REVIEW FORM

☐ RE-CERTIFICATION
 ☐ 45-DAY FOLLOW-UP
 ☐ PRE-SERVICE SURVEY
 ☐ INVESTIGATION
 ☐ ADDITIONAL SERVICES

FOR SUPPORTS FOR COMMUNITY LIVING SERVICE PROVIDERS

Provider Number:		Provider Name:	
Date of Review: Reviewers:		Control Number (if applicable): Investigator:	
Executive Director's (ED) Name: Agency or ED's E-mail Address:		Chairman of Board's Name: Chairman of Board's Address:	
Office Address: City: State: KY Zip Code:			
Mailing Address: City: State: KY Zip Code:			
Telephone Number: Fax Number:		On-Call Telephone Number:	
Services Currently Certified to Provide:			
<input type="checkbox"/> Case Management <input type="checkbox"/> Staffed Residence <input type="checkbox"/> Family Home <input type="checkbox"/> Adult Foster Care	<input type="checkbox"/> Group Home <input type="checkbox"/> Psychological Services <input type="checkbox"/> Community Living Support <input type="checkbox"/> Adult Day Training	<input type="checkbox"/> Supported Employment <input type="checkbox"/> Children's Day Habilitation <input type="checkbox"/> Behavior Support <input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Respite
Services certified for, but not provided during the review period:		<input type="checkbox"/> All requirements of 907 KAR 1:145 (effective 1/4/2008) were met and no Plan of Correction is necessary.	

Regulation	Status	Repeat	
Section 3(11)	Met	<input type="checkbox"/>	NON_CDO PROVIDER PARTICIPATION An SCL provider shall cooperate with monitoring visits from monitoring agents
FINDINGS:			
Section 3(4)			<u>PARTICIPANT ACCESS/CHOICE</u> Eligibility/Admissions An SCL Waiver Provider shall: Not enroll an SCL recipient for whom they cannot meet the support needs
(4)(b)	Met	<input type="checkbox"/>	
(4)(c)	Met	<input type="checkbox"/>	Have and follow written criteria that comply with this administrative regulation for determining the eligibility of an individual for admission to services
(4)(d)	Met	<input type="checkbox"/>	Document any denial for a service, the reason for the denial, and identify resources necessary to successfully support the denied SCL recipient in the community
FINDINGS:			
Section 3(7)	Met	<input type="checkbox"/>	<u>PARTICIPANT-CENTERED SERVICE PLANNING AND DELIVERY</u> Mission and Values An SCL Provider shall have a written statement of its mission and values, which shall:
(7)(a)	Met	<input type="checkbox"/>	Support empowerment and informed decision-making
(7)(b)	Met	<input type="checkbox"/>	Support and assist people to remain connected to natural support networks
FINDINGS:			
Section 3(8)	Met	<input type="checkbox"/>	The SCL Provider shall have written policies and procedures for communication and interaction with a family and legal representative of an SCL recipient which shall:
(8)(a)	Met	<input type="checkbox"/>	Require a timely response to an inquiry
(8)(b)	Met	<input type="checkbox"/>	Require the opportunity for interaction by direct care staff
(8)(c)	Met	<input type="checkbox"/>	Require prompt notification of any unusual occurrence
(8)(d)	Met	<input type="checkbox"/>	Require visitation to the SCL recipient at a reasonable time, without prior notice, and with due regard for the SCL recipient's right of privacy
(8)(e)	Met	<input type="checkbox"/>	Require involvement in decision making regarding the selection and direction of the service provided
FINDINGS:			
Section 3(10)			Maintenance of records An SCL Waiver provider shall maintain fiscal and service records and incident reports for a minimum of six (6) years from the date that:
(a)1-2	Met	<input type="checkbox"/>	A covered service is provided or the recipient turns twenty-one (21), if the recipient is under the age of twenty-one (21);
(b)	Met	<input type="checkbox"/>	All records and incident reports shall be made available to the:
(b)(1)	Met	<input type="checkbox"/>	Department
(b)(2)	Met	<input type="checkbox"/>	DMHMR or its designee
(b)(3)	Met	<input type="checkbox"/>	Cabinet for Health and Family Services, Office of Inspector General or its designee
(b)(4)	Met	<input type="checkbox"/>	General Accounting Office or designee
(b)(5)	Met	<input type="checkbox"/>	Office of Auditor of Public Accounts or its designee
(b)(6)	Met	<input type="checkbox"/>	Office of the Attorney General or its designee
(b)(7)	Met	<input type="checkbox"/>	DCBS
(b)(8)	Met	<input type="checkbox"/>	Centers for Medicare and Medicaid Services

Regulation	Status	Repeat	
FINDINGS:			
Section 3(12)	Met	<input type="checkbox"/>	An SCL provider shall maintain a record for each SCL recipient served that shall:
(12)(a)	Met	<input type="checkbox"/>	Be recorded in permanent ink
(12)(b)	Met	<input type="checkbox"/>	Be free from correction fluid
(12)(c)	Met	<input type="checkbox"/>	Have a strike through each error that is initialed and dated
(12)(d)	Met	<input type="checkbox"/>	Contain no blank lines in between each entry
FINDINGS:			
Section 3(13)			A record of each SCL recipient who is served shall:
(13)(a)	Met	<input type="checkbox"/>	Contain all information necessary for the delivery of the SCL recipient's services.
(13)(b)	Met	<input type="checkbox"/>	Be cumulative
(13)(c)	Met	<input type="checkbox"/>	Be readily available
(13)(e)	Met	<input type="checkbox"/>	Contain the following specific information:
(e)1	Met	<input type="checkbox"/>	The SCL recipient's name, social security number and Medicaid Identification Number (MAID)
(e)2	Met	<input type="checkbox"/>	The intake or face sheet
(e)3	Met	<input type="checkbox"/>	The MAP-351 Assessment form completed at least annually
(e)4	Met	<input type="checkbox"/>	The current plan of care.
(e)5	Met	<input type="checkbox"/>	The training objective for any support which facilitates achievement of the SCL recipient's chosen outcomes
(e)9	Met	<input type="checkbox"/>	A recognizable photograph of the SCL recipient
(e)10	Met	<input type="checkbox"/>	Legally adequate consent, updated annually, and a copy of which is located at each service site for the provision of services or other treatment requiring emergency attention
(e)11	Met	<input type="checkbox"/>	The Individual Education Plan (IEP) or Individual Family Service Plan (IFSP), if applicable
(e)12	Met	<input type="checkbox"/>	The SCL recipient's social history updated at least annually
(e)13	Met	<input type="checkbox"/>	The results of an annual physical exam
(e)14	Met	<input type="checkbox"/>	The Long Term Care Facilities and Home and Community Based Program Certification Form, MAP-350 updated annually
(e)15	Met	<input type="checkbox"/>	Psychological evaluation
(e)16	Met	<input type="checkbox"/>	Current level of care certification; and
(e)17	Met	<input type="checkbox"/>	The MAP-552K, Department for Community Based Services Notice of Availability for Long Term Care/Waiver Agency/Hospice Form in the Case Management and residential record
(13)(f)	Met	<input type="checkbox"/>	Be maintained by the provider in a manner to ensure the confidentiality of the SCL recipient's record and other personal information and by allowing the SCL recipient or legal representative to determine when to share such information as provided by law
(13)(g)	Met	<input type="checkbox"/>	Have the safety from loss, destruction or use by unauthorized persons ensured by the provider
(13)(h)	Met	<input type="checkbox"/>	Be available to the SCL recipient or legal guardian according to the provider's written policies and procedures, which shall address the availability of the record.
(13)(i)	Met	<input type="checkbox"/>	Have a corresponding legend which the provider shall make readily accessible
FINDINGS			
Section 8 8(1)	N.A.	<input type="checkbox"/>	Electronic Signatures The creation, transmission, storage, and other use of electronic signatures and documents shall comply with the requirements set forth in KRS 369.101 to 368.120, and all applicable state and federal statutes and regulations

Regulation	Status	Repeat	
8(2)(a)	N.A.	<input type="checkbox"/>	A SCL provider choosing to utilize electronic signatures shall develop and implement a written security policy which shall:
(a)1	N.A.	<input type="checkbox"/>	Be adhered to by all of the provider's employee's, officer's, agents, and contractor's;
(a)2	N.A.	<input type="checkbox"/>	Stipulate which individuals have access to which electronic signature(s) and password authorization; and
(a)3	N.A.	<input type="checkbox"/>	Ensure electronic signature(s) are created, transmitted, and stored in a secure fashion.
8(2)(b)	N.A.	<input type="checkbox"/>	Develop a consent form which shall:
(b)1	N.A.	<input type="checkbox"/>	Be completed and executed by each individual utilizing an electronic signature;
(b)2	N.A.	<input type="checkbox"/>	Attest to the signature's authenticity; and
(b)3	N.A.	<input type="checkbox"/>	Include a statement indicating the individual has been notified of his or her responsibility in allowing the use of the electronic signature.
8(3)	N.A.	<input type="checkbox"/>	A Supports for Community Living provider shall produce to the department or its designee a copy of the agency's electronic signature policy, the signed consent form, and the original filed signature immediately upon request
FINDINGS:			
Section 4 (1)			NON-CDO COVERED SERVICES
(1)(a)	Met	<input type="checkbox"/>	A non-CDO SCL waiver service shall: Be prior authorized by the department; and
(1)(b)	Met	<input type="checkbox"/>	Be provided pursuant to the plan of care
FINDINGS:			
Section 4 (2)(d)			Behavioral Support
(d)1	Met	<input type="checkbox"/>	Be the systematic application of techniques and methods to influence or change a behavior in a desired way
(d)2	Met	<input type="checkbox"/>	Be provided to assist the SCL recipient to learn new behaviors that are directly related to existing challenging behaviors or functionally equivalent replacement behaviors for identified challenging behaviors
(d)3	Met	<input type="checkbox"/>	Include a functional analysis of the SCL recipient's behavior which shall include:
3a	Met	<input type="checkbox"/>	An analysis of the potential communicative intent of the behavior
3b	Met	<input type="checkbox"/>	The history of reinforcement for the behavior
3c	Met	<input type="checkbox"/>	Critical variables that preceded the behavior
3d	Met	<input type="checkbox"/>	Effects of different situations on the behavior
3e	Met	<input type="checkbox"/>	A hypothesis regarding the motivation, purpose and factors which maintain the behavior
(d)4	Met	<input type="checkbox"/>	Include the development of a behavioral support plan which shall:
4a	Met	<input type="checkbox"/>	Be developed by the behavioral specialist
4b	Met	<input type="checkbox"/>	Be implemented by SCL provider staff in all relevant environments and activities
4c	Met	<input type="checkbox"/>	Be revised as necessary
4d	Met	<input type="checkbox"/>	Define the techniques and procedures used
4e	Met	<input type="checkbox"/>	Be designed to equip the recipient to communicate his/her needs and to participate in age appropriate activities
4f	Met	<input type="checkbox"/>	Include the hierarchy of behavior interventions ranging from the least to the most restrictive
4g	Met	<input type="checkbox"/>	Reflect the use of positive approaches and
4h	Met	<input type="checkbox"/>	Prohibit the use of prone or supine restraints, corporal punishment, seclusion, verbal abuse, and any procedure which denies private communication, requisite sleep, shelter, bedding, food, drink, or use of a bathroom facility
(d)5	Met	<input type="checkbox"/>	Include the provision of training to other SCL providers concerning implementation of the behavioral support plan

Regulation	Status	Repeat	
(d)6	Met	<input type="checkbox"/>	Include the monitoring of an SCL recipient's progress which shall be accomplished through:
6a	Met	<input type="checkbox"/>	The analysis of data concerning the frequency, intensity, and duration of a behavior
6b	Met	<input type="checkbox"/>	The reports of an SCL provider involved in implementing the behavioral support plan
(d)7	Met	<input type="checkbox"/>	Provide for the design, implementation and evaluation of systematic environmental modifications
FINDINGS:			
(d)9			Documentation
9a	Met	<input type="checkbox"/>	Be documented by a detailed staff note which shall include: The date of service
9b	Met	<input type="checkbox"/>	The beginning and ending times
9c	Met	<input type="checkbox"/>	The signature, date of signature and title of the behavioral specialist
FINDINGS:			
Section (4)(2)(k)			Residential Support Service – Staffed Residence, Group Home, Family Home, Adult Foster Care Home
(k)1	Met	<input type="checkbox"/>	Include twenty-four (24) hour supervision
FINDINGS:			
1a	Met	<input type="checkbox"/>	Staffed Residence A staffed residence which shall not have greater than three (3) recipients of publicly funded supports in a home rented or owned by the SCL provider
FINDINGS:			
1b	Met	<input type="checkbox"/>	Group Home A group home which shall be licensed in accordance with 902 KAR 20:078 and shall not have greater than eight (8) SCL recipients
FINDINGS:			
1c	Met	<input type="checkbox"/>	Family Home A family home provider which shall not have greater than three (3) recipients of publicly funded supports living in the home
FINDINGS:			
1d	Met	<input type="checkbox"/>	Adult Foster Care Home An adult foster care home which shall not have greater than three (3) recipients of publicly funded supports aged eighteen (18) or older living in the home
FINDINGS:			
(k)2			Residential Support Service – Modular/Motor Home
2a	N.A.	<input type="checkbox"/>	Utilize a modular home only if the: Wheels are removed
2b	N.A.	<input type="checkbox"/>	Home is anchored to a permanent foundation
2c	N.A.	<input type="checkbox"/>	Windows are of adequate size for an adult to use as an exit in the event of an emergency
(k)3	Met	<input type="checkbox"/>	Not utilize a motor home
FINDINGS:			
(k)4			Sleeping Arrangements
4a	Met	<input type="checkbox"/>	Provide a sleeping room which ensures that an SCL recipient: Does not share a room with an individual of the opposite sex who is not the SCL recipient's spouse.
4b	Met	<input type="checkbox"/>	Under the age of eighteen (18) does not share a room with an individual that has an age variance of more than five (5) years

Regulation	Status	Repeat	
4c	Met	<input type="checkbox"/>	Does not share a room with an individual who presents a potential threat
4d	Met	<input type="checkbox"/>	Has a separate bed equipped with substantial springs, a clean and comfortable mattress and clean bed linens as required for the SCL recipient's health and comfort
FINDINGS:			
(k)5			Assistance with Daily Living Provide assistance with daily living skills which shall include:
5a	Met	<input type="checkbox"/>	ambulation
5b	Met	<input type="checkbox"/>	dressing
5c	Met	<input type="checkbox"/>	grooming
5d	Met	<input type="checkbox"/>	eating
5e	Met	<input type="checkbox"/>	toileting
5f	Met	<input type="checkbox"/>	bathing
5g	Met	<input type="checkbox"/>	meal planning and preparation
5h	Met	<input type="checkbox"/>	laundry
5i	Met	<input type="checkbox"/>	budgeting and financial matters
5j	Met	<input type="checkbox"/>	home care and cleaning
5k	Met	<input type="checkbox"/>	medication management
(k)6	Met	<input type="checkbox"/>	Provide supports and training to obtain the outcomes of the SCL recipient as identified in the plan of care
(k)7	Met	<input type="checkbox"/>	Provide or arrange for transportation to services, activities, and medical appointments as needed
(k)8	Met	<input type="checkbox"/>	Residential Support Service shall include participation in medical appointments and follow-up care as directed by the medical staff
FINDINGS:			
(k)9			Documentation Be documented by a detailed monthly summary note which shall include:
9a	Met	<input type="checkbox"/>	The month, day and year for the time period the note covers
9b	Met	<input type="checkbox"/>	Progression, regression and maintenance toward outcomes identified in the plan of care
9c	Met	<input type="checkbox"/>	Pertinent information regarding the life of the SCL recipient
9d	Met	<input type="checkbox"/>	The signature, date of signature, and title of the individual preparing the staff note
FINDINGS:			
Section 4(2)(l)			Respite
(l)1	Met	<input type="checkbox"/>	Provided to an SCL recipient unable to independently administer self-care
(l)2	Met	<input type="checkbox"/>	Provided in a variety of settings
(l)3	Met	<input type="checkbox"/>	Provided on a short-term basis due to absence or need for the relief of an individual providing care to an SCL recipient
(l)4	Met	<input type="checkbox"/>	Provided only to an SCL recipient who resides in a family home provider, adult foster care home, or his or her own or family's home
(l)5	Met	<input type="checkbox"/>	Limited to 1440 hours per calendar year
FINDINGS:			
(l)6			Documentation Documented by a detailed staff note which shall include:
6a	Met Met	<input type="checkbox"/> <input type="checkbox"/>	The date of service

Regulation	Status	Repeat	
6b	Met	<input type="checkbox"/>	The beginning and ending time; and
6c	Met	<input type="checkbox"/>	The signature, date of signature and title of the individual providing the service
FINDINGS:			
(Section 4(2)(a))			Adult Day Training
(a)1	Met	<input type="checkbox"/>	ADT shall support the SCL recipient to participate in daily meaningful routines in the community
(a)2			Stress training in:
2a	Met	<input type="checkbox"/>	Activities of daily living
2b	Met	<input type="checkbox"/>	Self-advocacy
2c	Met	<input type="checkbox"/>	Adaptive and social skills
2d	Met	<input type="checkbox"/>	Vocational training
(a)3			Provided in a non-residential or community setting that can:
3a	Met	<input type="checkbox"/>	Be a fixed location; or
3b	Met	<input type="checkbox"/>	Occur in public venues
(a)4	Met	<input type="checkbox"/>	Not be diversional in nature
FINDINGS:			
(a)5			Be provided as on-site services which shall include:
5a	Met	<input type="checkbox"/>	Facility based services provided on a regularly scheduled basis
5b	Met	<input type="checkbox"/>	Lead to acquisition of skills and abilities to prepare the participant for work and/or community participation; or
5c	Met	<input type="checkbox"/>	Prepare the participant for transition from school to work or adult support services;
FINDINGS:			
(a)6			Be provided as off-site services which shall:
6a	Met	<input type="checkbox"/>	Include services provided in a variety of community settings
6b	Met	<input type="checkbox"/>	Provide access to community-based activities that cannot be provided by natural supports or other unpaid supports
6c	Met	<input type="checkbox"/>	Be designed to result in increased ability to access community resources without paid supports
6d	Met	<input type="checkbox"/>	Provide the opportunity for the participant to be involved with other members of the general population
6e	Met	<input type="checkbox"/>	Be provided as an enclave or group approach to training in which participants work as a group or dispersed individually throughout an integrated work setting with people without disabilities
6f	Met	<input type="checkbox"/>	Be provided as a mobile crew performing work in a variety of community businesses or other community settings with supervision by the provider; and
6g	Met	<input type="checkbox"/>	Be provided as entrepreneurial or group approach to training for participants to work in a small business created specifically by or for the recipient(s)
FINDINGS:			
(a)7	Met	<input type="checkbox"/>	Any recipient performing productive work that benefits the organization must be paid commensurate with members of the general work force doing similar work
(a)8	Met	<input type="checkbox"/>	Providers shall conduct an orientation informing the recipient of supported employment and other competitive opportunities in the community at least annually
(a)9	Met	<input type="checkbox"/>	Be provided at a time mutually agreed to by the recipient and provider
(a)10a	Met	<input type="checkbox"/>	Be provided to recipients age 22 or older; or
(a)10b	Met	<input type="checkbox"/>	Be provided to recipients age 16 to 21 as a transition process from school to work or adult support services

Regulation	Status	Repeat	
FINDINGS:			
(a)11			Documentation
11a	Met	<input type="checkbox"/>	A time and attendance record which shall include:
a(i)	Met	<input type="checkbox"/>	The date of service
a(ii)	Met	<input type="checkbox"/>	The beginning and ending times
a(iii)	Met	<input type="checkbox"/>	The location of the service and
a(iv)	Met	<input type="checkbox"/>	The signature, date of signature and title of the individual providing the service
FINDINGS:			
11b	Met	<input type="checkbox"/>	A detailed monthly staff note which shall include:
b(i)	Met	<input type="checkbox"/>	The month, day and year for the time period covered by each note written
b(ii)	Met	<input type="checkbox"/>	Progression, regression and maintenance toward outcomes identified in the plan of care.
b(iii)	Met	<input type="checkbox"/>	The signature, date of signature and title of the individual preparing the summary staff note.
FINDINGS:			
(a)12	Met	<input type="checkbox"/>	Be limited to five (5) days per week, 255 days maximum per year;
(a)13	Met	<input type="checkbox"/>	Not exceed eight (8) hours per day, five (5) days per week; and
(a)14	Met	<input type="checkbox"/>	Not exceed sixteen (16) hours per day when provided in combination with community living supports or supported employment
FINDINGS:			
Section 4(2)(f)			Children's Day Habilitation
(f)1	N.A.	<input type="checkbox"/>	The provision of support, training and intervention in the areas of:
1a	N.A.	<input type="checkbox"/>	Self care;
1b	N.A.	<input type="checkbox"/>	Sensory/motor development;
1c	N.A.	<input type="checkbox"/>	Daily living skills;
1d	N.A.	<input type="checkbox"/>	Communication; and
1e	N.A.	<input type="checkbox"/>	Adaptive and social skills
(f)2	N.A.	<input type="checkbox"/>	Provided in a non-residential or community setting
(f)3 & 4	N.A.	<input type="checkbox"/>	Provided to enable the recipient to participate in and access community resources; and to help remove or diminish common barriers to participation in typical roles in community life
(f)5	N.A.	<input type="checkbox"/>	Provided at a time mutually agreed upon by the recipient and provider
(f)6			Limited to:
6a	N.A.	<input type="checkbox"/>	Individuals who are in school and up to sixteen years (16) of age;
6b	N.A.	<input type="checkbox"/>	Up to eight (8) hours per day, five (5) days per week; and
6c	N.A.	<input type="checkbox"/>	Up to sixteen (16) hours per day in combination with Community Living Supports
FINDINGS:			
(f)7			Documentation
7a	N.A.	<input type="checkbox"/>	A time and attendance record which shall include:
a(i)	N.A.	<input type="checkbox"/>	The date of service;
a(ii)	N.A.	<input type="checkbox"/>	The beginning and ending time;
a(iii)	N.A.	<input type="checkbox"/>	The location of the service; and

Regulation	Status	Repeat	
a(iv)	N.A.	<input type="checkbox"/>	The signature, date of signature, and title of the individual providing the service
FINDINGS:			
7b	N.A.	<input type="checkbox"/>	A detailed monthly staff note which shall include:
b(i)	N.A.	<input type="checkbox"/>	The month, day and year for the time period each note covers;
b(ii)	N.A.	<input type="checkbox"/>	Progression, regression and maintenance toward outcomes identified in the plan of care; and
b(iii)	N.A.	<input type="checkbox"/>	The signature, date of signature and title of the individual preparing the summary staff note
FINDINGS:			
Section 4(2)(g) (g)1	Met	<input type="checkbox"/>	Community Living Supports Be provided to facilitate independence and promote integration into the community for an SCL recipient residing in his or her own home or in his or her family's home
FINDINGS:			
(g)2	Met	<input type="checkbox"/>	Be supports and assistance which shall not be diversional in nature and shall include:
a	Met	<input type="checkbox"/>	Assistance
b	Met	<input type="checkbox"/>	Activity training
c	Met	<input type="checkbox"/>	Laundry
d	Met	<input type="checkbox"/>	Routine household care and maintenance
e	Met	<input type="checkbox"/>	Activities of daily living
f	Met	<input type="checkbox"/>	Personal hygiene
g	Met	<input type="checkbox"/>	Shopping
h	Met	<input type="checkbox"/>	Money management
i	Met	<input type="checkbox"/>	Medication management
j	Met	<input type="checkbox"/>	Socialization
k	Met	<input type="checkbox"/>	Relationship building
l	Met	<input type="checkbox"/>	Leisure choices
m	Met	<input type="checkbox"/>	Participation in generic community activities
n	Met	<input type="checkbox"/>	Therapeutic goals; or
o	Met	<input type="checkbox"/>	Non-medical care not requiring nurse or physician intervention
(g)3	Met	<input type="checkbox"/>	Not replace other work or day activities
(g)4	Met	<input type="checkbox"/>	Be provided on a one-on-one basis
(g)5	Met	<input type="checkbox"/>	Not be provided at an adult day training or children's day habilitation site
FINDINGS:			
(g)6 6a	Met	<input type="checkbox"/>	Documentation A time and attendance record which shall include:
a(i)	Met	<input type="checkbox"/>	The date of service
a(ii)	Met	<input type="checkbox"/>	The beginning and ending time of the service
a(iii)	Met	<input type="checkbox"/>	The signature, date of signature and title of the individual providing the service
FINDINGS:			

Regulation	Status	Repeat	
6b	Met	<input type="checkbox"/>	A detailed monthly summary note which shall include:
b(i)	Met	<input type="checkbox"/>	The month, day and year for the time period each note covers
b(ii)	Met	<input type="checkbox"/>	Progression, regression and maintenance toward outcomes identified in the plan of care
b(iii)	Met	<input type="checkbox"/>	The signature, date of signature and title of the individual preparing the summary note
(g)7	Met	<input type="checkbox"/>	Be limited to sixteen (16) hours per day alone or in combination with adult day training, supported employment and children's day habilitation
FINDINGS:			
Section 4(2)			Occupational Therapy
(h)	Met	<input type="checkbox"/>	A physician-ordered evaluation of an SCL recipient's level of functioning by applying diagnostic and prognostic tests
(h)2	Met	<input type="checkbox"/>	Physician ordered services in a specified amount and duration to guide an SCL recipient in the use of therapeutic, creative, and self-care activities to assist an SCL recipient in obtaining the highest possible level of functioning
(h)3	Met	<input type="checkbox"/>	Training of other SCL providers on improving the level of functioning
(h)4	Met	<input type="checkbox"/>	Exclusive of maintenance or the prevention of regression
(h)5	Met	<input type="checkbox"/>	Provided by an occupational therapist or an occupational therapy assistant supervised by an occupational therapist in accordance with 201 KAR 28:130; and
FINDINGS:			
(h)6	Met	<input type="checkbox"/>	Documentation Documented by a detailed staff note which shall include:
6a	Met	<input type="checkbox"/>	Progress toward outcomes identified in the plan of care
6b	Met	<input type="checkbox"/>	The date of service
6c	Met	<input type="checkbox"/>	Beginning and ending times
6d	Met	<input type="checkbox"/>	The signature, date of signature and title of the individual providing the service
FINDINGS:			
Section 4(2)(i)			Physical Therapy
(i)1	Met	<input type="checkbox"/>	A physician-ordered evaluation of an SCL recipient by applying muscle, joint, and functional ability tests
(i)2	Met	<input type="checkbox"/>	Physician-ordered treatment in a specified amount and duration to assist an SLC recipient in obtaining the highest level of functioning
(i)3	Met	<input type="checkbox"/>	Training of another SCL provider on improving the level of functioning
(i)4	Met	<input type="checkbox"/>	Exclusive of maintenance or the prevention of regression
(i)5	Met	<input type="checkbox"/>	Provided by a physical therapist or a physical therapist assistant supervised by a physical therapist in accordance with 201 KAR 22:001 and 201 KAR 22:020
FINDINGS:			
(i)6	Met	<input type="checkbox"/>	Documentation Documented by a detailed staff note which shall include:
6a	Met	<input type="checkbox"/>	Progress toward outcomes identified in the plan of care
6b	Met	<input type="checkbox"/>	The date of service
6c	Met	<input type="checkbox"/>	Beginning and ending time of the service
6d	Met	<input type="checkbox"/>	The signature, date of signature and title of the individual providing the service
FINDINGS:			

Regulation	Status	Repeat	
Section 4(2)(n)			Speech Therapy
(n)1	Met	<input type="checkbox"/>	A physician-ordered evaluation of an SCL recipient with a speech or language disorder
(n)2	Met	<input type="checkbox"/>	A physician ordered habilitative service in a specified amount and duration to assist and SCL recipient with a speech and language disability in obtaining the highest possible level of functioning
(n)3	Met	<input type="checkbox"/>	Training of other SCL providers on improving the level of functioning
(n)4	Met	<input type="checkbox"/>	Exclusive of maintenance or the prevention of regression
(n)5	Met	<input type="checkbox"/>	Be provided by a speech-language therapist as defined by KRS 334A.020(3).
FINDINGS:			
(n)6	Met	<input type="checkbox"/>	Documentation Documented by a detailed staff note which shall include:
6a	Met	<input type="checkbox"/>	Progress toward outcomes identified in the plan of care
6b	Met	<input type="checkbox"/>	The date of service
6c	Met	<input type="checkbox"/>	The beginning and ending time; and
6d	Met	<input type="checkbox"/>	The signature, date of signature and title of the individual providing the service
FINDINGS:			
Section 4(2)(j)			Psychological Services
(j)1	Met	<input type="checkbox"/>	Be provided to an SCL recipient who is dually diagnosed to coordinate treatment for mental illness and a psychological condition
(j)2	Met	<input type="checkbox"/>	Be utilized if the needs of the SCL recipient cannot be met by behavior support or another covered service
(j)3	Met	<input type="checkbox"/>	Include:
3a	Met	<input type="checkbox"/>	Administration of psychological testing
3b	Met	<input type="checkbox"/>	Evaluation
3c	Met	<input type="checkbox"/>	Diagnosis
3d	Met	<input type="checkbox"/>	Treatment
(j)4	Met	<input type="checkbox"/>	Be incorporated into the plan of care with input from the psychological service provider for the development of program-wide support
FINDINGS:			
(j)6	Met	<input type="checkbox"/>	Documentation Be documented by a detailed staff note which shall include:
6a	Met	<input type="checkbox"/>	The date of service
6b	Met	<input type="checkbox"/>	The beginning and ending time of the service and
6c	Met	<input type="checkbox"/>	The signature, date of signature and title of the individual providing the service
FINDINGS:			
Section 4(2)(e)			Case Management
(e)1	Met	<input type="checkbox"/>	Initiation, coordination, implementation, and monitoring of the assessment, reassessment, evaluation, intake and eligibility process
(e)2	Met	<input type="checkbox"/>	Assisting the SCL recipient in the identification, coordination, and arrangement of the support team and support team meetings
(e)3	Met	<input type="checkbox"/>	Assisting the SCL recipient and the support team to develop, update and monitor the plan of care which shall be:
3a	Met	<input type="checkbox"/>	Be initially developed within thirty (30) days of the initiation of service using person centered guiding principles
3b	Met	<input type="checkbox"/>	Updated at least annually or as changes occur
3c	Met	<input type="checkbox"/>	Be submitted on the MAP 109; and

Regulation	Status	Repeat	
3d	Met	<input type="checkbox"/>	Include any modification to the plan of care and be sent to the department within fourteen (14) days of the effective date the change occurs with the SCL recipient
(e)4	Met	<input type="checkbox"/>	Assisting an SCL recipient in obtaining a needed service, outside those available by the SCL waiver, utilizing referrals and information
(e)5	Met	<input type="checkbox"/>	Furnishing an SCL recipient and legal representative with a listing of each available SCL providers in the service area
(e)6	Met	<input type="checkbox"/>	Maintaining documentation signed by an SCL recipient or legal representative of informed choice of SCL providers and of any change to the selection of SCL providers and the reason for the change
(e)7	Met	<input type="checkbox"/>	Timely distribution of the plan of care, crisis prevention plan, assessment, and other documents to chosen SCL service providers
(e)8	Met	<input type="checkbox"/>	Providing an SCL recipient and chosen SCL providers twenty-four (24) hour telephone access to a case management staff person
(e)10	Met	<input type="checkbox"/>	Assisting an SCL recipient in planning resource use and assuring protection of resources
(e)11	Met	<input type="checkbox"/>	Exclusive of the provision of direct services to an SCL recipient
(e)12	Met	<input type="checkbox"/>	Monthly face-to-face contact with an SCL recipient
(e)13	Met	<input type="checkbox"/>	Monitoring the health, safety and welfare of an SCL recipient
(e)14	Met	<input type="checkbox"/>	Monitoring all of the supports provided to an SCL recipient
(e)15			Notifying the local DCBS office and DMR on a MAP-24C form if an SCL recipient is:
15a	Met	<input type="checkbox"/>	Terminated from the SCL waiver program
15b	Met	<input type="checkbox"/>	Admitted to an ICF-MR-DD
15c	Met	<input type="checkbox"/>	Admitted to a hospital
15d	Met	<input type="checkbox"/>	Transferred to another Medicaid waiver program; or
15e	Met	<input type="checkbox"/>	Moved to another SCL residence
FINDINGS:			
(e)18	Met	<input type="checkbox"/>	Documentation Documented by a monthly summary note which shall include documentation of monthly contact with each chosen SCL provider including:
18a	Met	<input type="checkbox"/>	Monitoring of the delivery of services and the effectiveness of the plan of care;
18b	Met	<input type="checkbox"/>	Documentation of monthly face-to-face contact with an SCL recipient;
18c	Met	<input type="checkbox"/>	Progress toward outcomes identified in the plan of care.
(e)21a	Met	<input type="checkbox"/>	The month, day and year for the time period the note covers;
21b	Met	<input type="checkbox"/>	Progression, regression and maintenance toward outcomes identified in the plan of care;
21c	Met	<input type="checkbox"/>	The signature, date of signature and title of the individual preparing the note
FINDINGS:			
4(2)(e)9	Met	<input type="checkbox"/>	Crisis Prevention Plan Working in conjunction with SCL providers selected by an SCL recipient to develop a crisis prevention plan which shall be:
9a	Met	<input type="checkbox"/>	Individual-specific
9b	Met	<input type="checkbox"/>	Annually reviewed
9c	Met	<input type="checkbox"/>	Updated as changes occur
FINDINGS:			
(e)16a	Met	<input type="checkbox"/>	Human Rights Committee – members Case Manager shall establish committee which shall include:
(a)i	Met	<input type="checkbox"/>	SCL recipient

Regulation	Status	Repeat	
(a)ii	Met	<input type="checkbox"/>	Individual not affiliated with the SCL provider
(a)iii	Met	<input type="checkbox"/>	Individual who has knowledge and experience in rights issues
FINDINGS:			
16b	Met	<input type="checkbox"/>	Human Rights Committee Review and approve prior to implementation and at least annually thereafter, all plans of care with rights restrictions
16c	Met	<input type="checkbox"/>	Review and approve prior to implementation and at least annually thereafter, in conjunction with the SCL recipient's team; behavior support plans that include highly restrictive procedures or contain rights restrictions
16d	Met	<input type="checkbox"/>	Review the use of a psychotropic medication by an SCL recipient without an Axis I diagnosis
FINDINGS:			
(e)17	Met	<input type="checkbox"/>	Behavior Intervention Committee – members Case Manager shall establish committee which shall:
17a	Met	<input type="checkbox"/>	Include one (1) individual who has expertise in behavior interventions and is not the behavior specialist who wrote the behavior support plan.
17b	Met	<input type="checkbox"/>	Be separate from the human rights committee
FINDINGS:			
17c	Met	<input type="checkbox"/>	Behavior Intervention Committee Review and approve prior to implementation and at least annually thereafter or as changes are needed, in conjunction with the SCL recipient's team, behavior support plans and
17d	Met	<input type="checkbox"/>	Review the use of a psychotropic medication by an SCL recipient without an Axis I diagnosis and recommend an alternative intervention when appropriate
FINDINGS:			
Section 4(2) (b)	Met	<input type="checkbox"/>	Assessment Service Including a comprehensive assessment which shall:
(b)1	Met	<input type="checkbox"/>	Identify an SCL recipient's needs and the services that the SCL recipient or his or her family cannot manage or arrange for on his or her behalf
(b)2	Met	<input type="checkbox"/>	Evaluate an SCL recipient's physical health, mental health, social supports and environment
(b)3	Met	<input type="checkbox"/>	Be requested by an individual requesting SCL services or a family or legal representative of the individual
(b)4	Met	<input type="checkbox"/>	Be conducted within seven calendar days of receipt of the request for assessment
(b)5	Met	<input type="checkbox"/>	Include at least one face-to-face contact with the SCL recipient and, if appropriate his or her family by the assessor in the SCL recipient's home; and
(b)6	Met	<input type="checkbox"/>	Not be reimbursable if the individual does not receive a level of care certification
FINDINGS:			
Section 4(2) (c)	Met	<input type="checkbox"/>	Reassessment Service which shall:
(c)1	Met	<input type="checkbox"/>	Determine the continuing need for SCL waiver services
(c)2	Met	<input type="checkbox"/>	Be performed at least every twelve (12) months
(c)3	Met	<input type="checkbox"/>	Be conducted using the same procedure as for an assessment service
(c)4	Met	<input type="checkbox"/>	Be conducted by a SCL Case Manager or support broker and submitted to the department no more than three (3) weeks prior to the expiration of the current level of care certification to ensure that certification is consecutive
(c)5	Met	<input type="checkbox"/>	Not be reimbursable if conducted during the period that the SCL recipient is not covered by a valid level of care certification; and
(c)6	Met	<input type="checkbox"/>	Not be retroactive
FINDINGS:			

Regulation	Status	Repeat	
Section 4(2)(o)			Supported Employment
(o)1	Met	<input type="checkbox"/>	Intensive, ongoing support for an SCL recipient to maintain paid employment in an environment in which an individual without a disability is employed
(o)2	Met	<input type="checkbox"/>	Provided in a variety of settings
(o)3	Met	<input type="checkbox"/>	Provided on a one-to-one basis
(o)4	Met	<input type="checkbox"/>	Unavailable under a program funded by either the Rehabilitation Act of 1973 (29 USC Chapter 16) or P.L. 99-457 (34 CFR Subtitle B, Chapter III), proof of which shall be documented in the SCL recipient's file
(o)5	Met	<input type="checkbox"/>	Exclusive of work performed directly for the supported employment provider
(o)6	Met	<input type="checkbox"/>	Be provided by a certified job coach
FINDINGS:			
(o)7		<input type="checkbox"/>	Documentation
7a	Met		A time attendance record with shall include:
a(i)	Met	<input type="checkbox"/>	The date of service
a(ii)	Met	<input type="checkbox"/>	The beginning and ending time; and
a(iii)	Met	<input type="checkbox"/>	The signature, date of signature and title of the individual providing the service; and
FINDINGS:			
7b	Met	<input type="checkbox"/>	A detailed monthly summary note which shall include:
b(i)	Met	<input type="checkbox"/>	The month, day and year for the time period the note covers
b(ii)	Met	<input type="checkbox"/>	Progression, regression and maintenance toward outcomes identified in the plan of care
b(iii)	Met	<input type="checkbox"/>	The signature, date of signature and title of the individual preparing the note
(o)8	Met	<input type="checkbox"/>	Limited to forty (40) hours per week alone or in combination with adult day training
FINDINGS:			
Section 3(1)(c)	Met	<input type="checkbox"/>	<u>PROVIDER CAPACITY AND CAPABILITIES</u> Have a main office within the Commonwealth of Kentucky
FINDINGS:			
Section 3(3)	Met	<input type="checkbox"/>	Governing Body An SCL Waiver provider shall have a governing body that shall:
(3)(a)	Met	<input type="checkbox"/>	Be a legally constituted entity within the Commonwealth of Kentucky
(3)(b)	Met	<input type="checkbox"/>	Not contain a majority of owners
(3)(c)	Met	<input type="checkbox"/>	Be responsible for the overall operation of the organization that shall include:
(c)1	Met	<input type="checkbox"/>	Establishing policy that complies with this administrative regulation concerning the operation of the agency and the health, safety and welfare of an SCL recipient supported by the agency
(c)2	Met	<input type="checkbox"/>	Appointing and annually evaluating the Executive Director
(c)3	Met	<input type="checkbox"/>	Delegating the authority and responsibility for the management of the affairs of the agency in accordance with written policy and procedures that comply with this administrative regulation
(c)4	Met	<input type="checkbox"/>	Meeting as a whole at least quarterly to fulfill its ongoing responsibilities and shall maintain records of the discharge of its duties
(c)5	Met	<input type="checkbox"/>	Orienting a new member of the governing body to the operation of the organization, including the roles and responsibilities of board members.
FINDINGS:			

Regulation	Status	Repeat	
Section 3(5)	Met	<input type="checkbox"/>	Documentation of Operations The SCL Waiver Provider Operation shall maintain documentation of its operations which shall include:
(5)(a)	Met	<input type="checkbox"/>	An annual review of its written policies and procedures
(5)(b)	Met	<input type="checkbox"/>	A written description of available SCL waiver services
(5)(c)	Met	<input type="checkbox"/>	A current table of organization
(5)(d)	Met	<input type="checkbox"/>	A memorandum of understanding with an SCL Case Management provider with whom they share plans of care.
FINDINGS:			
Section 3(4)(a)	Met	<input type="checkbox"/>	Personnel Ensure that an SCL waiver service is not provided to an SCL recipient by a staff member of the SCL provider who has one of the following blood relationships:
(a)1	Met	<input type="checkbox"/>	Child
(a)2	Met	<input type="checkbox"/>	Parent
(a)3	Met	<input type="checkbox"/>	Sibling
(a)4	Met	<input type="checkbox"/>	Spouse
Section 3 (14) (a)1	Met	<input type="checkbox"/>	Ensure that each new staff or volunteer performing direct care or a supervisory function has had a tuberculosis (TB) risk assessment performed by a licensed medical professional and, if indicated, a TB skin test with a negative result within the past twelve (12) months as documented on test results received by the provider within seven (7) days of the date of hire or date the individual began serving as a volunteer, and
(a)2	Met	<input type="checkbox"/>	For existing staff, maintain documentation of each staff person's or if a volunteer performs direct care or a supervisory function, the volunteer's annual TB risk assessment or negative tuberculosis test
(a)3a	Met	<input type="checkbox"/>	Ensure that an employee or volunteer who tests positive for TB or has a history of positive TB skin test shall be assessed annually by a licensed medical professional for signs or symptoms of active disease, and
3b	Met	<input type="checkbox"/>	If it is determined that signs or symptoms of active disease are present, in order for the person to be allowed to work or volunteer he or she shall be administered follow-up testing by his or her physician with the testing indicating the person does not have active TB disease; and
(a)4	Met	<input type="checkbox"/>	Maintain annual documentation for an employee or volunteer with a positive TB test to ensure no active disease symptoms are present
3(14)(b)	Met	<input type="checkbox"/>	Have written personnel guidelines for each employee to include:
(b)1	Met	<input type="checkbox"/>	Salary range
(b)2	Met	<input type="checkbox"/>	Vacation and leave procedures
(b)3	Met	<input type="checkbox"/>	Health insurance
(b)4	Met	<input type="checkbox"/>	Retirement benefits
(b)5	Met	<input type="checkbox"/>	Opportunity for continuing education
(b)6	Met	<input type="checkbox"/>	Grievance procedures
(14)(c)	Met	<input type="checkbox"/>	Provide a written job description to each staff person which describes the employee's duties and responsibilities
(14)(d)	Met	<input type="checkbox"/>	Annually review each job description
(14)(e)	Met	<input type="checkbox"/>	For each potential employee obtain:
(e)1	Met	<input type="checkbox"/>	Prior to employment, the results of a criminal record check from the Kentucky Administrative Office of the Courts and equivalent out-of-state agency if the individual resided or worked outside of Kentucky during the year prior to employment
(e)2	Met	<input type="checkbox"/>	Within thirty (30) days of the date of hire, the results of a central registry check as described in 922 KAR 1:470

Regulation	Status	Repeat	
(e)3	Met	<input type="checkbox"/>	Prior to employment, the results of a nurse aide abuse registry check as described in 906 KAR 1:100
FINDINGS:			
(14)(f)	Met	<input type="checkbox"/>	Annually, for twenty-five (25) percent of employees randomly selected, obtain the results of a criminal record check from the Kentucky Administrative Office of the Courts or equivalent out-of-state agency if the individual resided or worked outside of Kentucky during the year prior to employment.
(14)(g)	Met	<input type="checkbox"/>	For a volunteer expected to perform direct care or a supervisory function obtain:
(g)1	Met	<input type="checkbox"/>	Prior to the date the individual began serving as a volunteer, the results of a criminal record check from the Kentucky Administrative Office of the Courts or equivalent out-of-state agency if the individual resided or worked outside of Kentucky during the year prior to volunteering.
(g)2	Met	<input type="checkbox"/>	Within thirty (30) days of the date of service as a volunteer, the results of a central registry check as described in 922 KAR 1:470
(g)3	Met	<input type="checkbox"/>	Prior to the date the individual began serving as a volunteer, the results of a nurse aide abuse registry check as described in 906 KAR 1:100
(14)(h)	Met	<input type="checkbox"/>	Annually, for twenty five (25) percent of volunteers randomly selected, performing direct care staff or a supervisory function, obtain the results of a criminal record check from the Kentucky Administrative Office of the Courts or equivalent out-of-state agency if the individual resided or worked outside of Kentucky during the year prior to volunteering
FINDINGS:			
(14)(i)	Met	<input type="checkbox"/>	Not employ or place an individual as a volunteer who:
(i)1	Met	<input type="checkbox"/>	Has prior conviction of an offense delineated in KRS 17.165(1) through (3)
(i)2	Met	<input type="checkbox"/>	Has a prior felony conviction
(i)3	Met	<input type="checkbox"/>	Has a conviction of abuse or sale of illegal drugs during the past five (5) years
(i)4	Met	<input type="checkbox"/>	Has a conviction of abuse, neglect or exploitation
(i)5	Met	<input type="checkbox"/>	Has a Cabinet for Health and Family Services finding of child abuse or neglect pursuant to the central registry
(i)6	Met	<input type="checkbox"/>	Is listed on the nurse aide abuse registry
(14)(j)	Met	<input type="checkbox"/>	Not permit an employee or volunteer to transport an SCL recipient if the individual has a driving under the influence (DUI) conviction during the past year
FINDINGS:			
(14)(k)	Met	<input type="checkbox"/>	Evaluate the performance and competency of each employee upon completion of the agency's designated probationary period and at a minimum of annually thereafter.
FINDINGS:			
(15)(c)	Met	<input type="checkbox"/>	Have adequate direct-contact staff
(15)(d)	Met	<input type="checkbox"/>	Have adequate supervisory staff
Section 3(18)(a)	Met	<input type="checkbox"/>	Provide orientation for each new employee which shall include the mission, goals, organization, and practice of the agency.
FINDINGS:			
Section 3(15)(a) (a)1a	Met	<input type="checkbox"/>	Executive Director Is qualified with a minimum of a bachelor's degree from an accredited institution in administration or a human services field or
(a)1b	Met	<input type="checkbox"/>	Is a registered nurse and
(a)2	Met	<input type="checkbox"/>	Has a minimum of one (1) year of administrative responsibility in an organization which served individuals with mental retardation or a developmental disability

Regulation	Status	Repeat	
FINDINGS:			
(15)(b) (b)1	Met	<input type="checkbox"/>	Program Director Has a minimum of one (1) year of previous supervisory responsibility in an organization which served individuals with mental retardation or developmental disabilities
(b)2	Met	<input type="checkbox"/>	Is an SCL MRP, and
(b)2a	Met	<input type="checkbox"/>	Is a doctor of medicine or osteopathy
(b)2b	Met	<input type="checkbox"/>	Is a registered nurse
(b)2c	Met	<input type="checkbox"/>	Holds at least a bachelor's degree from an accredited institution in a human services field including sociology, special education, rehabilitation counseling, or psychology
b)3	Met	<input type="checkbox"/>	May serve as the agency's Executive Director if the requirements established in paragraph (a) of this subsection of this administrative regulation are met.
FINDINGS:			
(15)(c) (c)1a	Met	<input type="checkbox"/>	Adequate Direct care staff who are:
	Met	<input type="checkbox"/>	Eighteen (18) years or older and
(c)1b	Met	<input type="checkbox"/>	Has a high school diploma or GED or
(c)2a	Met	<input type="checkbox"/>	Twenty-one (21) years old and
(c)2b	Met	<input type="checkbox"/>	Is able to adequately communicate with recipients and staff
(c)3	Met	<input type="checkbox"/>	Has a valid Social Security number or valid work permit if not a U.S. citizen
(c)4	Met	<input type="checkbox"/>	Can understand and carry out instructions; and
(c)5	Met	<input type="checkbox"/>	Has ability to keep simple records
FINDINGS:			
(15)(d) (d)1a	Met	<input type="checkbox"/>	Adequate Supervisory staff: who are:
	Met	<input type="checkbox"/>	Eighteen (18) years or older and
(d)1b	Met	<input type="checkbox"/>	Has a high school diploma or GED or
(d)2a	Met	<input type="checkbox"/>	Twenty-one (21) years old and
(d)2b	Met	<input type="checkbox"/>	Has a minimum of one (1) year experience in providing services to individuals with mental retardation or developmental disabilities; and
(d)3	Met	<input type="checkbox"/>	Is able to adequately communicate with recipients, staff and family members
(d)4	Met	<input type="checkbox"/>	Has a valid Social Security number or valid work permit if not a U.S. citizen
(d)5	Met	<input type="checkbox"/>	Has ability to perform required record keeping
FINDINGS:			
Section 4(2)(d) (d)8	Met	<input type="checkbox"/>	Behavioral Support Provided by a behavior support specialist who shall have:
8a	Met	<input type="checkbox"/>	A Master's Degree from an accredited institution with formal graduate course work in a behavioral science; and
8b	Met	<input type="checkbox"/>	One (1) year of experience in behavioral programming.
FINDINGS:			

Regulation	Status	Repeat	
Section 4(2)(j) (j)5	N.A.	<input type="checkbox"/>	Psychological Services Provided by a psychologist as defined by KRS 319.010(8) or a psychologist with autonomous functioning in accordance with KRS 319.056.
FINDINGS:			
Section 4(2)(e) (e)19(a-g)	Met	<input type="checkbox"/>	Case Management Provided by a Case Manager who shall have a bachelor's degree from an accredited institution in a human services field or a Registered nurse; or a Qualified social worker; or a Licensed marriage and family therapist in accordance with KRS 335.300(2); or a Professional clinical counselor in accordance with KRS 335.500(3); or a Certified psychologist in accordance with KRS 319.010(8); or a Licensed psychological practitioner.
(e)20	Met	<input type="checkbox"/>	Supervised by a case management supervisor who shall be an SCL MRP.
FINDINGS:			
Section 3(13)(e)	Met	<input type="checkbox"/>	PARTICIPANT SAFEGUARDS Maintenance of Records – Medical Information A record for each SCL recipient who is served shall contain the following specific information:
(e)6	Met	<input type="checkbox"/>	A list containing emergency contact telephone numbers
(e)7	Met	<input type="checkbox"/>	The SCL recipient's history of allergies with appropriate alerts for severe allergies
(e)8	Met	<input type="checkbox"/>	The SCL recipient's medication records, including a copy of the prescription or the signed physician's order and the medication logs if medication is administered at the service site
FINDINGS:			
Section 3(16) (16)(a)	Met	<input type="checkbox"/>	Safety An SCL Waiver provider shall establish written guidelines that address the health, safety and welfare of an SCL recipient, which shall include: Ensuring the health, safety and welfare of the SCL recipient
FINDINGS:			
(16)(b)	Met	<input type="checkbox"/>	Maintenance of sanitary conditions
(16)(c)	Met	<input type="checkbox"/>	Ensuring each site operated by the provider is equipped with:
(c)1	Met	<input type="checkbox"/>	An operational smoke detector placed in strategic locations
(c)2	Met	<input type="checkbox"/>	A minimum of two (2) correctly charged fire extinguishers placed in strategic locations; one (1) of which shall be capable of extinguishing a grease fire and have a rating of the 1A10BC
(16)(d)	Met	<input type="checkbox"/>	Ensuring the availability of an ample supply of hot and cold running water with the water temperature at a tap used by an SCL recipient not exceeding 120 degrees Fahrenheit
(16)(e)	Met	<input type="checkbox"/>	Establishing written procedures concerning the presence of deadly weapons as defined in KRS 500.080 which shall ensure:
(e)1	Met	<input type="checkbox"/>	Safe storage and use
(e)2	Met	<input type="checkbox"/>	That firearms and ammunition are permitted:
(e)2a	Met	<input type="checkbox"/>	Only in a family home provider or an adult foster care home
(e)2b	Met	<input type="checkbox"/>	Only if stored separately and under double lock
(16)(f)	Met	<input type="checkbox"/>	Establishing written procedures concerning the safe storage of common household items
(16)(g)	Met	<input type="checkbox"/>	Ensuring that nutritional needs of an SCL recipient are met in accordance with the current recommended dietary allowance of the Food and Nutrition Board of the National Research Council or as specified by a physician
FINDINGS:			

Regulation	Status	Repeat	
(16)(h)			Medication Administration
(h)1	Met	<input type="checkbox"/>	Ensuring that staff administering medication: Unless the employee is a licensed or registered nurse, have specific training provided by a licensed medical professional per DMR approved curriculum and documented competency on medication administration, medication cause and effect and proper administration and storage of medications
(h)2	Met	<input type="checkbox"/>	Document all medication administered, including self-administered and over-the-counter drugs, on a medication log, with the date, time and initials of the person who administered the medication and ensure medications shall:
2a	Met	<input type="checkbox"/>	Be kept in a locked container
2b	Met	<input type="checkbox"/>	If a controlled substance, be kept under double lock
2c	Met	<input type="checkbox"/>	Be carried in a proper container labeled with medication and dosage, and accompany and be administered to an SCL recipient at a program site other than his or her residence if necessary
2d	Met	<input type="checkbox"/>	Be documented on a medication administration form and properly disposed of, if discontinued
(16)(i)	Met	<input type="checkbox"/>	Policy and procedures for on-going monitoring of medication administration
FINDINGS:			
Section 3(17)	Met	<input type="checkbox"/>	Emergency Procedures – Alarm systems, evacuation drills
			The SCL Waiver Provider shall establish and follow written guidelines for handling an emergency or a disaster which shall:
(17)(a)	Met	<input type="checkbox"/>	Be readily accessible on site
(17)(b)	Met	<input type="checkbox"/>	Include instructions for notification procedures and the use of alarm and signal systems to alert an SCL recipient according to his or her disability
(17)(c)	Met	<input type="checkbox"/>	Include an evacuation drill to be conducted within three minutes or less, documented at least quarterly and scheduled to include a time when an SCL recipient is asleep and
(17)(d)	Met	<input type="checkbox"/>	Mandate that the results of an evacuation drill be evaluated and modified as needed
FINDINGS:			
Section 3(18)(b)	Met	<input type="checkbox"/>	Training
			Provide, or arrange for the provision of competency-based training to each employee to teach and enhance skills related to the performance of their duties.
(18)(c)	Met	<input type="checkbox"/>	Require documentation of training which shall include:
(c)1	Met	<input type="checkbox"/>	The type of training provided
(c)2	Met	<input type="checkbox"/>	Name and title of trainer
(c)3	Met	<input type="checkbox"/>	Length of training
(c)4	Met	<input type="checkbox"/>	Date of completion
(c)5	Met	<input type="checkbox"/>	The signature of the trainee verifying completion
FINDINGS:			
(18)(d)	Met	<input type="checkbox"/>	Training Requirements
			Ensure that each employee prior to independent functioning, completes training which shall include:
(d)1	Met	<input type="checkbox"/>	Unless the employee is a licensed or registered nurse, first aid, which shall be provided by an individual certified as a trainer by the American Red Cross or other nationally-accredited organization;
(d)2	Met	<input type="checkbox"/>	Cardio-pulmonary resuscitation which shall be provided by an individual certified as a trainer by the American Red Cross or other nationally-accredited organization;
(d)3	Met	<input type="checkbox"/>	Crisis prevention and management;

Regulation	Status	Repeat	
(d)4	Met	<input type="checkbox"/>	Identification and prevention of abuse, neglect and exploitation;
(d)5	Met	<input type="checkbox"/>	Rights of individuals with disabilities; and
(d)6	Met	<input type="checkbox"/>	Individualized instruction on the needs of the SCL recipient to whom the trainee provides supports.
FINDINGS:			
(18)(e)	Met	<input type="checkbox"/>	Ensure that each employee that will be administering medications, prior to independent functioning, completes training which shall include:
(e)1	Met	<input type="checkbox"/>	Medication administration training per Cabinet approved curriculum
(e)2	Met	<input type="checkbox"/>	Medications and seizures
(e)3	Met	<input type="checkbox"/>	First aid, which shall be provided by an individual certified as a trainer by the American Red Cross or other nationally-accredited organization;
(e)4	Met	<input type="checkbox"/>	Cardio-pulmonary resuscitation which shall be provided by an individual certified as a trainer by the American Red Cross or other nationally-accredited organization
(e)5	Met	<input type="checkbox"/>	Crisis prevention and management
(e)6	Met	<input type="checkbox"/>	Identification and prevention of abuse, neglect and exploitation; and
(e)7	Met	<input type="checkbox"/>	Rights of individuals with disabilities; and
(e)8	Met	<input type="checkbox"/>	Individualized instruction on the needs of the SCL recipient to whom the trainee provides supports.
FINDINGS:			
(18)(f)	Met	<input type="checkbox"/>	Core Training Ensure that all employees complete Core training, consistent with a department approved curriculum no later than six (6) months from the date of employment, which shall include:
(f)1	Met	<input type="checkbox"/>	Values, Attitudes, and Stereotypes
(f)2	Met	<input type="checkbox"/>	Building community Inclusion
(f)3	Met	<input type="checkbox"/>	Person Centered Planning
(f)4	Met	<input type="checkbox"/>	Positive Behavior Support
(f)5	Met	<input type="checkbox"/>	Human Sexuality and Persons with Disabilities
(f)6	Met	<input type="checkbox"/>	Self Determination; and
(f)7	Met	<input type="checkbox"/>	Strategies for Successful Teaching
(18)(g)	Met	<input type="checkbox"/>	Not be required to receive the training specified in this section if the provider is:
(g)1	Met	<input type="checkbox"/>	An occupational therapist providing occupational therapy
(g)2	Met	<input type="checkbox"/>	A physical therapist providing physical therapy
(g)3	Met	<input type="checkbox"/>	A psychologist or psychologist with autonomous functioning providing psychological services
(g)4	Met	<input type="checkbox"/>	A speech-language pathologist providing speech therapy
FINDINGS:			
(18)(i)	Met	<input type="checkbox"/>	Case Management Training Ensure that each new case manager hired completes DMR-approved case management training within:
(i)1	Met	<input type="checkbox"/>	The first six (6) months from the date of hire;
FINDINGS:			
(18)(h)	N.A.	<input type="checkbox"/>	Volunteers Ensure that an individual volunteer performing direct care staff or supervisory function receive training prior to working independently, which shall include:

Regulation	Status	Repeat	
(h)1	N.A.	<input type="checkbox"/>	Orientation to the agency
(h)2	N.A.	<input type="checkbox"/>	Individualized instruction on the needs of the SCL recipient to whom the volunteer provides supports
(h)3	N.A.	<input type="checkbox"/>	First Aid, which shall be provided by an individual certified as a trainer by the American Red Cross or other nationally accredited organization
(h)4	N.A.	<input type="checkbox"/>	Cardio-pulmonary resuscitation which shall be provided by an individual certified as a trainer by the American Red Cross or other nationally accredited organization
FINDINGS:			
Section 5			Consumer Directed Option
5(1)			Covered services and supports provided to an SCL recipient participating in CDO shall include:
(1)(a)			Home and Community Support Service which shall:
(a)1	N.A.	<input type="checkbox"/>	Be available only under the consumer directed option
(a)2	N.A.	<input type="checkbox"/>	Be provided in the consumer's home or in the community
(a)3	N.A.	<input type="checkbox"/>	Be based upon therapeutic goals and not be diversional in nature
(a)4	N.A.	<input type="checkbox"/>	Not be provided to an individual if the same or similar service is being provided to the individual via non-CDO SCL services, and
(a)5a	N.A.	<input type="checkbox"/>	Be respite for the primary caregiver; or
5b	N.A.	<input type="checkbox"/>	Be supports and assistance related to chosen outcomes to facilitate independence and promote integration into the community for an individual residing in his or her own home or the home of a family member and may include:
b(i)	N.A.	<input type="checkbox"/>	Routine household tasks and maintenance
b(ii)	N.A.	<input type="checkbox"/>	Activities of daily living
b(iii)	N.A.	<input type="checkbox"/>	Personal hygiene
b(iv)	N.A.	<input type="checkbox"/>	Shopping
b(v)	N.A.	<input type="checkbox"/>	Money management
b(vi)	N.A.	<input type="checkbox"/>	Medication management
b(vii)	N.A.	<input type="checkbox"/>	Socialization
b(viii)	N.A.	<input type="checkbox"/>	Relationship building
b(ix)	N.A.	<input type="checkbox"/>	Leisure choices or
b(x)	N.A.	<input type="checkbox"/>	Participation in community activities
FINDINGS:			
(1)(b)	N.A.	<input type="checkbox"/>	Community Day Support Service which shall:
(b)1	N.A.	<input type="checkbox"/>	Be available only under the consumer directed option
(b)2	N.A.	<input type="checkbox"/>	Be provided in a community setting
(b)3	N.A.	<input type="checkbox"/>	Be tailored to the consumer's specific personal outcomes related to the acquisition, improvement, and retention of skills and abilities to prepare and support the consumer for work or community activities, socialization, leisure or retirement activities.
(b)4	N.A.	<input type="checkbox"/>	Be based upon therapeutic goals and not be diversional in nature
(b)5	N.A.	<input type="checkbox"/>	Not be provided to an individual if the same or similar service is being provided to the individual via non-CDO SCL services
5(c)	N.A.	<input type="checkbox"/>	Goods or services which shall:
(c)1	N.A.	<input type="checkbox"/>	Be individualized
(c)2	N.A.	<input type="checkbox"/>	Be utilized to reduce the need for personal care or to enhance independence within the home or community of the recipient;
(c)3	N.A.	<input type="checkbox"/>	Not include experimental goods or services, and

Regulation	Status	Repeat	
(c)4	N.A.	<input type="checkbox"/>	Not include chemical or physical restraints
FINDINGS:			
5(2)	N.A.	<input type="checkbox"/>	To be covered, a CDO service shall be specified in a consumer's plan of care
5(3)	N.A.	<input type="checkbox"/>	Reimbursement for a CDO service shall not exceed the department's allowed reimbursement for the same or a similar service provided in a non-CDO SCL setting
5(4)	N.A.	<input type="checkbox"/>	A consumer, including a married consumer, shall choose providers and a consumer's choice of CDO provider shall be documented in the consumer's plan of care
5(5)	N.A.	<input type="checkbox"/>	A consumer may designate a representative to act on his or her behalf. The CDO representative shall:
(5)(a)	N.A.	<input type="checkbox"/>	Be twenty-one (21) years of age or older
(5)(b)	N.A.	<input type="checkbox"/>	Not be monetarily compensated for acting as the CDO representative or providing a CDO service; and
(5)(c)	N.A.	<input type="checkbox"/>	Be appointed by the consumer on a MAP-2000 form
FINDINGS:			
			Termination of Services
5(6)	N.A.	<input type="checkbox"/>	A consumer may voluntarily terminate CDO services by completing a MAP-2000 and submitting it to the support broker
5(7)	N.A.	<input type="checkbox"/>	The department shall immediately terminate a consumer from CDO services if imminent danger to the consumer's health, safety, or welfare exists
5(8)	N.A.	<input type="checkbox"/>	The department may terminate a consumer from CDO services if it determines that the consumer's CDO provider has not adhered to the plan of care
5(9)	N.A.	<input type="checkbox"/>	Prior to a consumer's termination from CDO services, the support broker shall:
(9)a	N.A.	<input type="checkbox"/>	Notify the SCL assessment or reassessment service provider of potential termination
(9)b	N.A.	<input type="checkbox"/>	Assist the consumer in developing a resolution and prevention plan
(9)c	N.A.	<input type="checkbox"/>	Allow at least thirty (30) but no more than ninety (90) days for the consumer to resolve the issue, develop and implement a prevention plan or designate a CDO representative
(9)d	N.A.	<input type="checkbox"/>	Complete, and submit to the department and to DMR, a MAP-2000 terminating the consumer from CDO services if the consumer fails to meet the requirements; and
(9)e	N.A.	<input type="checkbox"/>	Assist the consumer in transitioning back to traditional SCL services
5(10)	N.A.	<input type="checkbox"/>	Upon involuntary termination of services, the department shall
10(a)	N.A.	<input type="checkbox"/>	Notify a consumer in writing of its decision to terminate the consumer's CDO participation; and
10(b)	N.A.	<input type="checkbox"/>	Inform the consumer of the right to appeal the department's decision in accordance with Section 9 of the administrative regulation
FINDINGS:			
5(11)			A CDO provider:
(11)a	N.A.	<input type="checkbox"/>	Shall be selected by the consumer
(11)b	N.A.	<input type="checkbox"/>	Shall submit a completed Kentucky Consumer Directed Option Employee Provider Contract to the support broker
(11)c	N.A.	<input type="checkbox"/>	Shall be eighteen (18) years of age or older
(11)d	N.A.	<input type="checkbox"/>	Shall be a citizen of the United States with a valid Social Security number or possess a valid work permit if not a US citizen
(11)e	N.A.	<input type="checkbox"/>	Shall be able to communicate effectively with the consumer, consumer representative or family
(11)f	N.A.	<input type="checkbox"/>	Shall be able to understand and carry out instructions
(11)g	N.A.	<input type="checkbox"/>	Shall be able to keep records as required by the consumer
(11)h	N.A.	<input type="checkbox"/>	Shall submit to a criminal background check conducted by the Kentucky Administrative Office of the Courts or equivalent agency from any other state, for each state in which the individual resided or worked during the year prior to selection as a provider of CDO services

Regulation	Status	Repeat	
(11)i	N.A.	<input type="checkbox"/>	Shall submit to a check of the central registry maintained in accordance with 922 KAR 1:470 and not be found on the registry
(i)1	N.A.	<input type="checkbox"/>	A consumer may employ a provider prior to a central registry check result being obtained for up to thirty (30) days; and
(i)2	N.A.	<input type="checkbox"/>	If a consumer does not obtain central registry check result with thirty (30) days of employing a provider, the consumer shall cease employment of the provider until a favorable result is obtained
(11)j	N.A.	<input type="checkbox"/>	Shall submit to a check of the nurse aide abuse registry maintained in accordance with 906 KAR 1:100 and not be found on the registry
(11)k	N.A.	<input type="checkbox"/>	Shall not have pled guilty or been convicted of committing a sex crime or violent crime as defined in KRS 17.165 (1) through (3)
(11)l	N.A.	<input type="checkbox"/>	Shall complete training on the reporting of abuse, neglect or exploitation in accordance with KRS 209.030 or KRS 620.030 and on the needs of the consumer.
(11)m	N.A.	<input type="checkbox"/>	Shall be approved by the department
(11)n	N.A.	<input type="checkbox"/>	Shall maintain and submit timesheets documenting hours worked;
(11)o	N.A.	<input type="checkbox"/>	Shall be a friend, spouse, parent, family member, other relative, employee of a provider agency or other person hired by the consumer
5(12)	N.A.	<input type="checkbox"/>	A parent, parents combined, or a spouse shall not provide more than forty (40) hours of services in a calendar week (Sunday through Saturday) regardless of the number of family members who receive waiver services.
FINDINGS:			
5(13)a			The department shall establish a budget for a consumer based on the individual's historical costs minus five (5) percent to cover costs associated with administering the consumer directed option. If no historical cost exists for the consumer, the consumer's budget shall equal the average per capita historical costs of SCL recipients minus (5) percent.
(13)b			Cost of services authorized by the department for the individual's prior year plan of care but not utilized may be added to the budget if necessary to meet the individual's needs.
(13)c			The department may adjust a consumer's budget based on the consumer's needs and in accordance with paragraphs (d) and (e) of this subsection
(13)d			A consumer's budget shall not be adjusted to a level higher than established in paragraph (a) of this subsection unless:
d(1)			The consumer's support broker requests an adjustment to a level higher than established in paragraph (a) of this subsection; and
d(2)			The department approves the adjustment
(13)e			The department shall consider the following factors in determining whether to allow for a budget adjustment:
e(1)			If the proposed services are necessary to prevent imminent institutionalization
e(2)			The cost effectiveness of the proposed services; and
e(3)			Protection of the consumer's health, safety, and welfare
(13)f			A consumer's budget shall not exceed the average per capita cost of services provided to individuals in an ICF-MR-DD
5(14)			Unless approved by the department, if a CDO service is expanded to a point in which expansion necessitates a budget allowance, the entire service shall only be covered via a traditional (non-CDO) waiver service provider.
FINDINGS:			
5(15)	N.A.	<input type="checkbox"/>	A support broker is an individual designated by the department and shall:
(15)a			Provide training, technical assistance and support to a consumer with any aspect of CDO or blended services
(15)b	N.A.	<input type="checkbox"/>	Be available to a consumer twenty four (24) hours per day, seven (7) days per week
(15)c	N.A.	<input type="checkbox"/>	Comply with applicable federal and state laws and requirements
(15)d	N.A.	<input type="checkbox"/>	Continually monitor a consumer's health, safety, and welfare; and
(15)e	N.A.	<input type="checkbox"/>	Complete or revise a plan of care using person-centered planning principles
5(16)	N.A.	<input type="checkbox"/>	For a CDO participant, a support broker may conduct an assessment or reassessment

Regulation	Status	Repeat	
FINDINGS:			
Section 6			Incident Reporting Process
6(1)	Met	<input type="checkbox"/>	An incident that shall be documented on an incident report form.
6(2)	Met	<input type="checkbox"/>	There shall be three (3) classes of incidents including:
FINDINGS:			
(2)(a)	Met	<input type="checkbox"/>	Class I incident:
(a)1			Be minor in nature and not create a serious consequence
(a)2	Met	<input type="checkbox"/>	Not require an investigation by the provider agency
(a)3	Met	<input type="checkbox"/>	Be reported to the Case Manager or support broker within twenty-four (24) hours
(a)4	Met	<input type="checkbox"/>	Be reported to the guardian as directed by the guardian
(a)5	Met	<input type="checkbox"/>	Be retained on file at the provider and Case Management or support brokerage agency.
FINDINGS:			
(2)(b)			Class II incident:
(b)1	Met	<input type="checkbox"/>	Be serious in nature
(b)2	Met	<input type="checkbox"/>	Involve the use of physical or chemical restraint
(b)3	Met	<input type="checkbox"/>	Require an investigation which shall be initiated by the provider agency within twenty-four (24) hours of discovery, and shall involve the Case Manager or support broker
(b)4	Met	<input type="checkbox"/>	Be reported by the provider agency to:
(b)5	Met	<input type="checkbox"/>	The Case Manager or support broker within twenty-four (24) hours of discovery
5a	Met	<input type="checkbox"/>	The guardian within twenty-four (24) hours of discovery
5b	Met	<input type="checkbox"/>	The assistant director of the Division of Mental Retardation, the department, or its designee, within ten (10) calendar days of discovery, and shall include a complete written report of the incident investigation and follow up
FINDINGS:			
(2)(c)			Class III incident:
(c)1	Met	<input type="checkbox"/>	Be grave in nature
(c)2	Met	<input type="checkbox"/>	Involve suspected abuse, neglect, or exploitation
(c)3	Met	<input type="checkbox"/>	Involve a medication error which requires a medical intervention; or
(c)4	Met	<input type="checkbox"/>	Be a death
(c)5	Met	<input type="checkbox"/>	Be immediately investigated by the provider agency, and the investigation shall involve the case manager or support broker; and
(c)6	Met	<input type="checkbox"/>	Be reported by the provider agency to:
6a	Met	<input type="checkbox"/>	The Case Manager or support broker within eight (8) hours of discovery
6b	Met	<input type="checkbox"/>	DCBS immediately upon discovery, if involving suspected abuse, neglect, or exploitation in accordance with KRS 209
6c	Met	<input type="checkbox"/>	The guardian within eight (8) hours of discovery; and
6d	Met	<input type="checkbox"/>	The assistant director of the Division of Mental Retardation, the department, or its designee, within eight (8) hours of discovery and shall include a complete written report of the incident investigation and follow-up within seven (7) calendar days of discovery. If an incident occurs after 5:00 p.m. EST on a weekday, or occurs on a weekend or holiday, notification to DMR shall occur on the following business day.
6(3)	Met	<input type="checkbox"/>	The following documentation with a complete written report shall be submitted for a death:

Regulation	Status	Repeat	
3a	Met	<input type="checkbox"/>	A current plan of care
3b	Met	<input type="checkbox"/>	A current list of prescribed medications including PRN medications
3c	Met	<input type="checkbox"/>	A current crisis plan
3d	Met	<input type="checkbox"/>	Medication Administration Review (MAR) forms for the current and previous month
3e	Met	<input type="checkbox"/>	Staff notes from the current and previous month including details of physician and emergency room visits
3f	Met	<input type="checkbox"/>	Any additional information requested by DMHMR
3g	Met	<input type="checkbox"/>	A coroner's report when received
3h	Met	<input type="checkbox"/>	If performed, an autopsy report when received.
FINDINGS:			
(6)4	Met	<input type="checkbox"/>	All medication errors shall be reported to the Assistant Director of the Division of Mental Retardation, the department, or designee, on a Monthly Medication Error Report Form by the fifteenth (15 th) of the following month.
FINDINGS:			
Section 3(9)(c)	Met	<input type="checkbox"/>	<u>PARTICIPANT RIGHTS AND RESPONSIBILITIES</u> ADA Compliance An SCL provider shall ensure the rights of an SCL recipient by complying with the Americans with Disabilities Act (28 CFR 35)
FINDINGS:			
Section 3(6)(c) (c)1	Met	<input type="checkbox"/>	Management of SCL Recipient Funds The SCL Waiver Provider shall meet the following requirements if responsible for the management of SCL recipient funds: Separate accounting shall be maintained for each SCL recipient or for his or her interest in a common trust or special account
(c)2	Met	<input type="checkbox"/>	Account balances and records of transactions shall be provided to the SCL recipient or legal representative on a quarterly basis
(c)3	Met	<input type="checkbox"/>	The SCL recipient or legal representative shall be notified when a large balance is accrued that may affect Medicaid eligibility
FINDINGS:			
Section 3(9) (9)(a)	Met	<input type="checkbox"/>	Individual Rights An SCL provider shall ensure the rights of the SCL recipient by: Making available descriptions of rights and the means by which they can be exercised and supported which shall include
(a)1	Met	<input type="checkbox"/>	The right to time, space and opportunity for personal privacy
(a)2	Met	<input type="checkbox"/>	The right to communicate, associate and meet privately with the person of choice
(a)3	Met	<input type="checkbox"/>	The right to send and receive unopened mail
(a)4	Met	<input type="checkbox"/>	The right to retain and use personal possessions including clothing and grooming articles
(a)5	Met	<input type="checkbox"/>	The right to private, accessible use of the telephone
(9)(b)	Met	<input type="checkbox"/>	Having a grievance and appeals system that includes an external mechanism for review of complaints
FINDINGS:			
Section 3(7)(c)	Met	<input type="checkbox"/>	Mission and Values – Dignity and Respect The SCL Provider shall have a written statement of its mission and values which shall promote dignity and self-worth
FINDINGS:			
Section 2(6) (6)(a)	Met	<input type="checkbox"/>	Involuntary Termination Involuntary termination of a service to an SCL recipient by an SCL provider shall require: Simultaneous notice to an SCL recipient or legal representative, the Case Manager or support broker, the department, and DMR at least thirty (30)

Regulation	Status	Repeat	
			days prior to the effective date of the action, which shall include:
(a)1	Met	<input type="checkbox"/>	A statement of the intended action
(a)2	Met	<input type="checkbox"/>	The basis for the intended action
(a)3	Met	<input type="checkbox"/>	The authority by which the action is taken
(a)4	Met	<input type="checkbox"/>	The SCL recipient's right to appeal the intended action through the provider's appeal or grievance process
FINDINGS:			
(6)(b)	Met	<input type="checkbox"/>	Submittal of a MAP-24C to the department and to DMR at the time of the intended action
(6)(c)	Met	<input type="checkbox"/>	The Case Manager or support broker in conjunction with the provider to:
(c)1	Met	<input type="checkbox"/>	Provide the SCL recipient with the name, address, and telephone number of each current SCL provider in the state
(c)2	Met	<input type="checkbox"/>	Provide assistance to the SCL recipient in making contact with another SCL provider
(c)3	Met	<input type="checkbox"/>	Arrange transportation for a requested visit to an SCL provider site
(c)4	Met	<input type="checkbox"/>	Provide a copy of pertinent information to the SCL recipient or legal representative
(c)5	Met	<input type="checkbox"/>	Ensure the health, safety, and welfare of the SCL recipient until an appropriate placement is secured
(c)6	Met	<input type="checkbox"/>	Continue to provide supports until alternative services or another placement is secured
(c)7	Met	<input type="checkbox"/>	Provide assistance to ensure a safe and effective service transition
FINDINGS:			
Section 3(5)			SYSTEM PERFORMANCE
(5)(e)	Met	<input type="checkbox"/>	Documentation of Operations Information regarding satisfaction of SCL recipients and the utilization of that information
(5)(f)	Met	<input type="checkbox"/>	A quality improvement program; and
(5)(g)	Met	<input type="checkbox"/>	Documentation of achievement of outcomes based on best practice standards as approved by the department.
FINDINGS:			
Section 3(6)(a)	Met	<input type="checkbox"/>	Fiscal Information Maintain accurate fiscal information which shall include documentation of revenue and expenses
(6)(b)	Met	<input type="checkbox"/>	Maintain a written schedule of policy relevant to rates and charges that shall be available to any individual upon request
FINDINGS:			
Section 3(8)(f)	Met	<input type="checkbox"/>	Cultural/language/Socio-economic The SCL Provider shall have written policy and procedures for communication and interaction with a family and legal representative an of SCL recipient which shall consider the cultural, educational, language, and socio-economic characteristics of the family being supported.
FINDINGS:			